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CONFIRMATION NO. 2917

SERIAL NUMBER 10/713,679	FILING OR 371(c) DATE 11/14/2003 RULE	CLASS 435	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. 00786/428002	
APPLICANTS Denise Faustman, Weston, MA;					
** CONTINUING DATA ***** This appln claims benefit of 60/426,590 11/15/2002 <i>ai dr</i>					
** FOREIGN APPLICATIONS ***** <i>ai none</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 04/06/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		STATE OR COUNTRY MA	SHEETS DRAWING 52	TOTAL CLAIMS 55	INDEPENDENT CLAIMS 8
ADDRESS 21559					
TITLE Screening methods to identify treatments for autoimmune disease					
FILING FEE RECEIVED 980	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		